

**AUDUBON AREA RSVP  
ENROLLMENT FORM**

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ EMAIL \_\_\_\_\_

RACE: CIRCLE ONE: ASIAN – BLACK – HISPANIC – WHITE – OTHER

ARE YOU A MILITARY VETERAN? Yes / No

Male / Female Special training, skill, or interest, languages: \_\_\_\_\_

Health Condition (Circle One) Excellent Good Fair (Please list any physical or personal circumstances that you feel we should know about when reviewing your application.) \_\_\_\_\_

How did you find out about RSVP? Word-of-Mouth \_\_\_\_\_ Newspaper \_\_\_\_\_ Pamphlet \_\_\_\_\_ TV \_\_\_\_\_  
Foster Grandparent Program \_\_\_\_\_ Senior Companion Program \_\_\_\_\_ RSVP Volunteer \_\_\_\_\_ RSVP Staff \_\_\_\_\_  
Agency (Specify) \_\_\_\_\_ Other \_\_\_\_\_

Do you drive yourself when performing RSVP volunteer services? YES \_\_\_\_\_ NO \_\_\_\_\_

• If yes, I will maintain a valid driver's license and the minimum Auto Liability Insurance required by the State of Kentucky.

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

*I understand that as a volunteer in the RSVP program, Accident and Personal Liability Insurance covers me during the time of my volunteer service. Part of this coverage includes an Accidental Life Insurance Policy and I would hereby like to name the following person as my beneficiary.*

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Volunteer Location (if known) \_\_\_\_\_ Volunteer Duties \_\_\_\_\_

By signing this application I verify, to the best of my knowledge, all of the information provided is accurate and true. I read and agree to abide by the rules and regulations of RSVP and I agree to serve without compensation/wages.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RSVP STAFF \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

Station #1 _____	Position Title _____	BHN Code _____
Station #2 _____	Position Title _____	BHN Code _____
Station #3 _____	Position Title _____	BHN Code _____

Terminated \_\_\_\_\_ ( ) by RSVP ( ) by Station

**RETURN VOLUNTEER ENROLLMENT FORM TO:**

CrossRoads  
2400 Friendship Drive, Suite B  
Owensboro, KY 42303

*Eligibility to be a member of RSVP may not be restricted on the basis of formal education; experience; race; religion; color; national origin, including limited English proficiency; sex; age; handicap; or political affiliation.*